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COUNTY COUNCIL OF DURHAM.

EDUCATION COMMITTEE.

Tenth Annual Report

of the

School Medical Officer,

T. EUSTACE HILL, M.A., M.B., B.Sc., F.I.C.,

For the Year 1917.



NEWCASTLE-ON-TYNE:

Co-operative Printing Society Limited, Rutherford Street; also
at Manchester and London.

1918.

SCHOOL MEDICAL STAFF.

School Medical Officer—

T. EUSTACE HILL, M.A., M.B., B.Sc. (Public Health), F.I.C.

Chief Assistant and Deputy School Medical Officer—

A. G. GLASS, M.A., L.M., Ch.B., M.D., D.P.H. (On military service since 14th July, 1915.)

Assistant School Medical Officers—

ELIZ. N. NIEL, M.D., B.S., D.P.H. (Resigned 30th June, 1917).

EVA COTCHING, M.D., B.S.

G. C. M. M'GONIGLE, M.D., B.S., D.P.H., B.Hy. (On military service since 14th August, 1914.)

LILLIE JOHNSON, M.B., B.S., B.Sc.

ARTHUR D. CLANCHY, L.R.C.P., & S., I., L.M. (On military service since appointment.)

School Ophthalmic Surgeon—

ARTHUR T. PATERSON, M.D., F.R.C.S., D.P.H. (On military service since 15th March, 1915.)

Ophthalmic Nurse—

MISS FLORENCE BURN, Trained Nurse. (On military service since 12th November, 1914.)

School Nurses—

Superintendent—MISS H. S. COOPER HODGSON; and 36 Health Visitors who devote part of their time to school nursing work; also three part-time nurses in the Whickham Urban District.

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COUNTY COUNCIL OF DURHAM.

Education (Medical) Department.

TENTH

Annual Report of the School Medical Officer.

LADIES AND GENTLEMEN,

I.—MEDICAL INSPECTION STAFF.

Owing to the resignation of Dr. Niel in June, 1917, the staff of the School Medical Department was further depleted, and during the second half of the year there were only two Assistant Medical Officers on the staff; one of whom, Dr. Johnson, continued to devote part of her time to refraction work, and the other, Dr. Cotching, took over Dr. Niel's work in assisting the School Medical Officer in discharging the duties of the Chief Assistant, who is still on active service. It was found quite impossible with this small staff to do more than inspect defective and ailing children and follow up old cases; no entrants nor leavers were examined this year.

II.—NUMBER OF SCHOOLS, DEPARTMENTS, &C., IN THE COUNTY

In the county there are now 400 elementary schools including 701 departments; of these 248 are provided, and 152 non-provided schools, and there is accommodation for 170,467 children in these schools. The number on the rolls is 144,967. There has been an average attendance of 127,366. No new schools have been opened during the year. The smaller number of departments is accounted for by a few small infant departments being combined with mixed departments under one head teacher. The Seaham Harbour schools still continue to be occupied by the Military Authorities, and therefore, as in last year, no medical inspection took place in the Seaham Harbour Schools.

III.—INSPECTIONS AND FOLLOWING UP.

The inspection of ailing and defective children was carried out this year in 471 departments of 260 schools. The number of children examined

was 5,769, and of these 4,389 either required treatment or it was considered necessary for them to be kept under observation, and the number of children re-inspected was 7,130. It has again been found impossible to arrange for the school nurses to select the cases for inspection as the health visitors combine the work of school nurse with the work of supervising tuberculosis cases, and carrying out work in connexion with the Notification of Births Act.

We have therefore been largely dependent on the judgment of the teachers in bringing defective children before the notice of the medical inspectors; and here I would like to take the opportunity of thanking the teachers for their assistance in this matter.

The staff of health visitors at the end of 1917 consisted of 36 whole-time and three part-time health visitors, who were supervised by the Superintendent of Health Visitors. We hope to have a further increase in the staff of health visitors shortly.

This year the parents of 18·7 per cent. of the children examined were present when their children were inspected. This number is very low, especially when it is contemplated that all children examined were brought forward as defective or ailing. One can understand parents of healthy children not attending at the medical inspection, but surely when parents of defective children fail to be present at the medical inspection, it denotes lack of interest and care for their children.

The health visitors continued to follow up cases as in previous years, and results are shown in Table VII. The health visitors were unfortunately compelled to drop school work for about three months during the year, owing to pressure of their other work. This was a great pity; but it could not be avoided. In spite of this it will be observed in the report of the Superintendent of Health Visitors that 1,969 visits were paid to schools, as compared with 2,770 visits last year; and 17,388 visits to homes, as compared with 21,432 visits in previous year, as well as many head inspections conducted in schools. These head inspections are a very important part of the health visitor's work, and show excellent results, which are often observed by Assistant School Medical Officers when they happen to visit a school shortly after the health visitor's inspection. The teachers appreciate this work, as is shown by requests from head teachers for a health visitor to conduct a head inspection in their school.

No prosecutions under Section 12 of Children Act were taken into Court, but several cases were handed over to the N.S.P.C.C., and when necessary, they took over the proceedings, and the health visitor gave evidence when required.

It will be observed that Tables I., II. and IV., as required by the Board of Education, are shown on pages 12, 13 and 15 of this report. Under the present conditions we are unable to obtain information required for the Board of Education, Table III. (Numerical Return of all Exceptional Children in the Area), although we quite appreciate the importance of this Table.

IV.—SPECIAL INSPECTIONS, &C.

Eighty-four special visits were paid by the Assistant School Medical Officers during 1917 to schools and homes of both physically and mentally defective children. Many special visits to schools were confined to investigations into outbreaks of communicable diseases. During the year it was reported by a local doctor that in one of the small schools in the County there were several cases of gonorrhœa among the girls attending the school. When the matter was investigated, it was found that one of the children who had been attending the school was being treated for vaginitis, and the diagnosis of gonorrhœa had been confirmed by the bacteriologist. This girl's sister was also suffering from vaginitis, but in her case, no gonococci were found on bacteriological examination of smear. There had been one other case of gonorrhœa from the same school, treated by the same doctor some 15 months prior to this. These were the only cases of definite gonorrhœa. The parents of the former case had told the family doctor that another child at the same school was also suffering from the disease, but this was only hearsay. All the children in the school were seen, and showed no signs of inflammatory eye disease. The result of this investigation could hardly be considered satisfactory, as the doctor who suggested the investigation being made declined to give names and addresses of these children, and it was therefore impossible to make any further examinations.

In November it was reported that there was a great prevalence of scabies at Spennymoor North Road Council School, and a special visit was paid to the school by one of the medical inspectors, and all suspicious cases examined. Sixteen children were found to be suffering from scabies, and one child from sulphur dermatitis, due to drastic treatment. It is very rarely that one comes across a case of sulphur dermatitis; the parent usually failing to carry out proper treatment, and hence the long standing cases of scabies.

V.—SUPERVISION OF INFECTIOUS DISEASES.

It was considered advisable to close several schools in the county for various infectious diseases, and the cause of most school closures was measles. Forty-two infant departments were closed for short periods owing to measles; two owing to measles and whooping cough; three schools owing to the prevalence of diphtheria; two for scarlet fever; one for influenza; one for mumps; and one for an epidemic characterised by swellings of glands, and accompanied by slight rise in temperature: probably a form of influenza.

There was an interesting investigation made regarding an outbreak of diphtheria at Annfield Plain Council Infants' School. Several cases of diphtheria were notified, including two deaths. Nearly all these cases were confined to one classroom, and not only to one classroom, but to one

part of that classroom. Swabs were taken of all children in that part of the classroom, but all proved negative. One child was absent on the day swabs were taken, and as she had been sitting in the centre of this part of the classroom, her home was visited. The child was suffering from an impetigenous sore on scalp. Swabs in this case were taken from both throat and scalp. The result was interesting and exceptional—the swab taken from throat was negative, but that from scalp was positive. There was a history that child had suffered from diphtheria some 12 months prior to this. It was also interesting that the cousin of this child was one of the sufferers in this outbreak.

At Emmaville Council School there have been cases of diphtheria notified periodically during the whole year; and many of the cases were of an unusually severe type. Several attempts were made to find a carrier so as to put an end to the outbreak.

In March, Dr. Smith, the local medical officer of health for the district, visited the school, and out of 40 swabs which he took from the throats of children in the school, only one was positive. In June, Dr. Smith again visited the school and took some ten swabs, all of which were negative. Two days after this, however, the brother of one of these ten cases swabbed was removed to hospital suffering from diphtheria.

At Waterhouses, during an epidemic of diphtheria, one of the teachers living in the same house as four other teachers, contracted the disease. She was removed to the isolation hospital immediately, and the four teachers were not allowed to return to school for ten days. Happily the disease did not attack any of these four teachers who returned to school at the end of the ten days.

VI.—FACTS DISCLOSED BY THE MEDICAL INSPECTION OF THE CHILDREN.

Details of inspection are tabulated at end of report. It will be observed that there has been a still greater prevalence of scabies this year. The health visitors had 2,052 cases of scabies under supervision as against 1,901 cases in 1916, and this in spite of the fact that the health visitors did not visit any case of scabies during three months of the year, when they were too busy to undertake any home visiting of school children. This shows that there has been considerably more scabies than during 1916. The number of cases of impetigo also appears to be on the increase. During 1916 the health visitors had 2,340 cases under supervision, and during the year 1917 there were 2,333, this again in spite of this work being set aside for three months.

With regard to footgear and clothing, this year 161 children were reported as being unsatisfactorily clothed, and 86 children as not having satisfactory footgear. As the parents are informed which day the medical inspection will take place, statistics regarding clothing and footgear are not reliable, in that children are dressed and shod for the occasion in many instances.

VII.—RE-INSPECTIONS.

Re-inspection of children found defective at former inspections was conducted at all schools visited by the medical inspectors where children had previously been found defective. The number of children re-inspected was 7,130 for 10,994 defects; compared with 11,251 children and 17,259 defects in 1916. The number of defects cured was 2,227, and the number of defects which received no treatment was 3,565.

VIII.—CHILDREN EXCLUDED FROM SCHOOL.

Tables III, (a) and (b), show numbers of cases excluded from school temporarily and permanently respectively.

It was found necessary to exclude under Article 53 (b) of the Code, 2,140 children.

During 1917 only 28 cases were permanently excluded, whereas in 1916 there were 89 cases.

There were a larger number of cases of scabies excluded during the year than previously.

IX.—ARRANGEMENTS FOR MEDICAL TREATMENT.

Dr. Johnson's report shows work done in refraction, etc.

There is great need of school clinics in this County, and a scheme for school clinics is being prepared for the Committee, by which, immediately hostilities cease, this work can proceed. It will be observed as stated above, that 3,565 out of a total of 10,994 defects received no treatment, whereas if school clinics had been available a good percentage of these untreated defects would have received attention. As already stated in this report, scabies has been very much more prevalent this year, and many of the children when almost cured become re-infected, and continue to suffer from the disease for months. Many parents have told me that their child was suffering from "bread rash," and this so-called "bread rash" has invariably been proved to be scabies.

With regard to scabies, our present procedure is that head teachers and attendance officers report cases suffering from, or suspected to be suffering from, scabies. The homes of these children are visited by the health visitors, who instructs parents as to treatment. There is no doubt that many cases never come under the observation of the health visitors until after they have had the disease for weeks. The only solution to a speedy recovery for these children suffering from scabies is school clinics. It seems impossible to make parents understand the importance of treating infected clothing as well as treating the skin of sufferers from scabies.

There is no doubt that when school clinics are started, the attendance at school will itself justify the expenditure. Many children who at present absent themselves from school for minor ailments such as scabies, impetigo, and dirty and verminous conditions, will be cured in less than three weeks.

Tuberculous children as usual have been treated at the dispensaries and sanatoria. Some of the tuberculous gland cases have shown great improvement when treated at the dispensaries by tuberculin injections. There are now over 100 beds available in various institutions for tuberculosis cases in school children. Education is provided for children at the sanatoria at Stannington and Holywood Hall.

X.—MENTALLY DEFECTIVE CHILDREN.

We are looking forward to the day when we have our own special residential school for mentally defectives. At present all we have is a site.

In the county it is, of course, impossible to have day schools for mentally defectives; but I consider that it would certainly be well to form one class for mentally dull and border line cases in a certain school in every thickly populated part of the county. It could then be arranged for children from other schools to be drafted into this class. These children could then be made bright and happy and taught to be self-supporting instead of, as at the present, being a nuisance and a hindrance to the teacher and the rest of the children in the class.

XI.—SPECIAL SCHOOLS AND CLASSES.

During 1917, 96 children received treatment in special schools for the blind, deaf and dumb, etc., at a total cost of £2,582 11s. 0d.

XII.—ARRANGEMENTS FOR FEEDING OF CHILDREN.

It was not found necessary during the year to provide meals for school children in any part of the County Education Area.

XIII.—HYGIENE AND PHYSICAL TRAINING.

Physical training is one of the most important subjects taught in our elementary schools. One has only to look at the men who have been in the Army some months to realise what excellent results can be obtained from physical training. It is to be hoped that a scheme as suggested in Circular 976 will soon be adopted in the county.

The teaching of hygiene to the older children in elementary schools, especially to girls, should greatly benefit the coming generation. It is by educating the mothers of the next generation in this subject that the homes will be carried on more successfully, and the health of the children improved.

XIV.—SCHOOL SANITATION.

As in previous years, the medical inspectors, when visiting a school, examined and reported on any sanitary defect in school buildings.

Owing to a protracted epidemic of diphtheria at Emmaville Council School, a special inspection of the school building was made by the County

Health Inspector. He reported that, in his opinion, any defect which might exist in the joints of drains had nothing to do with the outbreak of diphtheria. At the same time he advised certain alterations and improvements in the drainage system.

He also stated that a few feet of school flooring were rotten, and should be made good. He pointed out that in the boys' and girls' cloak rooms, two drinking cups were chained up, and could not be sterilized, and on this account should be removed.

Later in the year he paid a further visit to the school and reported that all his recommendations had been carried out, but stated that the heating in the boys' and girls' departments was unsatisfactory, the temperature sometimes being as low as 32 degrees, and that on a certain date it had not reached 40 degrees at 4 p.m. This inadequate heating was reported to the Clerk to the Education Committee.

XV.—EXAMINATION OF PUPIL TEACHER CANDIDATES.

The School Medical Staff examined 294 pupil teacher candidates during the year: 57 boys and 237 girls.

Forty-nine boys were passed and eight were provisionally accepted subject to suitable glasses being obtained.

Two hundred girls were passed. One girl who had a mitral murmur, but where it was impossible to say whether the murmur was organic or functional, was accepted, but was warned that if the condition persisted, and the lesion proved to be organic, she would probably be refused later as a candidate for college; two were rejected owing to heart disease; 30 were provisionally accepted, subject to suitable glasses being obtained; and four were provisionally accepted, subject to treatment being obtained for minor maladies.

A large number of candidates had defective teeth; 27 boys and 86 girls required dental treatment.

Forty-eight candidates had never been vaccinated, and very few of them had been re-vaccinated.

It is sometimes found at the examination of pupil teachers that the clothing especially of the girls is often unsuitable. In some cases, garments fitting too tightly across the chest are worn, so that the shoulders droop forward, and the lungs are unable to expand freely.

The Assistant School Medical Officer has an excellent opportunity of explaining to the girls the folly of wearing ill-fitting, tight garments.

I am,

Your Obedient Servant,

19, New Elvet, Durham,

T. EUSTACE HILL.

17th April, 1918.

TABLE I.

NUMBER OF CHILDREN INSPECTED 1ST JANUARY, 1917, TO 31ST DECEMBER, 1917.

(a) "CODE" GROUPS.

Entrants.	Leavers.
Nil.	Nil.

(b) GROUPS OTHER THAN "CODE."

	Intermediate Group (other than eight years).	Special Cases.	Re-examinations (i.e. Number of Children Re-examined).
Boys	2,613	....
Girls	3,156	....
Totals	5,769	7,130

TABLE II.

RETURN OF DEFECTS FOUND IN THE COURSE OF MEDICAL INSPECTION.

DEFECT OR DISEASE.		SPECIALS.	
		Number referred for treatment.	Number requiring to be kept under observation, but not referred for treatment.
	Malnutrition.....	280	209
	Uncleanliness :—		
	Head	376	8
	Body	195	1
<i>Skin</i>	{ Ringworm—Head	94	2
	Body	19	..
	{ Scabies	196	..
	{ Impetigo	217	7
	{ Other Disease	138	22
<i>Eye</i>	{ Defective Vision and Squint	1008	131
	{ External Eye Disease	357	51
<i>Ear</i>	{ Defective Hearing	187	34
	{ Ear Disease	224	20
<i>Nose and Throat</i>	{ Enlarged Tonsils	148	139
	{ Adenoids.....	148	83
	{ Enlarged Tonsils and Adenoids.....	162	34
	{ Defective Speech	15	99
<i>Heart and Circulation</i>	{ Heart Disease—		
	— Organic	78	12
	— Functional	11	4
	{ Anæmia	143	10
<i>Lungs</i>	{ Pulmonary Tuberculosis—		
	Definite	28	..
	Suspected	117	35
	{ Chronic Bronchitis	54	9
	{ Other Disease	95	11
<i>Nervous System</i>	{ Epilepsy	21	10
	{ Chorea.....	22	5
	{ Other Disease	45	22
	Non-Pulmonary Tuberculosis—		
	Glands.....	66	5
	Bones and Joints	28	6
	Other Forms	12	..
	Rickets	71	22
	Deformities	59	41
	Other Defects or Diseases..	144	92

TABLE III. (a).

CHILDREN TEMPORARILY EXCLUDED FROM SCHOOL BY THE SCHOOL MEDICAL OFFICER,
AND REASON FOR SUCH EXCLUSION (SEE ARTICLE 53 (b) OF SCHOOL CODE).

CONDITIONS.	No. of Children Excluded.		
	Boys.	Girls.	Total.
Verminous Conditions	33	23	56
Ringworm	6	9	15
Impetigo	2	17	19
Scabies	113	149	262
Lupus .....	..	3	3
Tuberculosis (Lungs)	53	71	124
Tuberculosis (Lungs) (Suspected)	100	146	246
Tuberculosis (Intestinal)	14	16	30
Tuberculosis (Osseous)	27	31	58
Tubercular Disease of Hip-joint	12	12	24
Tubercular Disease of Knee	16	10	26
Tubercular Glands	52	67	119
Attending Tuberculosis Dispensaries	49	54	103
Admitted into Sanatoria	109	112	221
Rickets	6	9	15
Acute Bronchitis	11	5	16
Anæmia	5	32	37
Heart Affections	14	40	54
Inflammation of the Eyes	33	62	95
Tonsilitis .....	..	7	7
Chorea	7	31	38
Epilepsy	6	11	17
Otorrhœa	1	6	7
Diphtheria	18	33	51
Scarlet Fever	24	35	59
Contacts with Infectious Disease	96	82	178
Enteric Fever .....	..	2	2
Whooping Cough .....	..	2	2
Chickenpox	4	2	6
Mumps	9	4	13
Bright's Disease	1	5	6
Mentally Defective	8	5	13
Other Conditions	87	131	218
Totals	916	1,224	2,140

TABLE III. (b).

CHILDREN PERMANENTLY EXCLUDED FROM SCHOOL BY THE SCHOOL MEDICAL
OFFICER, AND REASON FOR SUCH EXCLUSION.

CONDITIONS.	No. of Children Excluded.		
	Boys.	Girls.	Total.
Mentally Defective	8	12	20
Epilepsy	1	3	4
Tuberculosis (Lungs) .....	..	3	3
Tuberculosis (Lungs) (Suspected) .....	..	1	1
Totals	9	19	28

TABLE IV.

RE-INSPECTION OF CHILDREN FOUND TO BE DEFECTIVE AT THE ROUTINE MEDICAL EXAMINATION.

Number of Schools visited..... 244 Number of Cases Re-inspected 7,130
 Number of Departments visited 336 Number of instances when a parent was present 282

CONDITION.	No. of defects found for which treatment was considered necessary			No. of defects for which no report is available.	No. of defects treated.	Results of treatment.			No. of defects not treated.	Percentage of defects treated.
	From previous year.	New	Total.			Remedied.	Improved.	Unchanged		
Clothing	491	10	501	85	230	64	166	..	186	45.9
Footgear	373	6	379	45	165	75	90	..	169	43.54
Cleanliness of head	1447	12	1459	221	731	368	361	2	507	50.1
Cleanliness of body	546	6	552	100	267	90	176	1	185	48.37
Nutrition	388	6	394	86	268	29	199	40	40	68.02
Nose and Throat	1704	7	1711	290	545	210	328	7	876	31.85
External Eye Disease	579	43	622	130	416	272	112	32	76	66.88
Ear Disease	399	14	413	65	266	127	58	81	82	64.4
Teeth	478	13	491	78	149	16	132	1	264	30.35
Heart and Circulation	363	25	388	85	270	74	112	84	33	69.58
Lungs	410	25	435	133	282	73	177	32	20	64.83
Nervous System	113	1	114	25	77	29	29	19	12	67.54
Skin	780	102	882	212	632	518	85	29	38	71.66
Rickets	48	..	48	14	19	1	16	2	15	39.58
Deformities	148	1	149	39	55	10	35	10	55	36.91
Tuberculosis (non-pulmonary)	196	2	198	46	143	46	80	17	9	72.22
Speech	20	..	20	4	3	1	..	2	13	15.0
Mental Condition	142	1	143	39	22	1	11	10	92	15.38
Vision and Squint	1666	3	1669	257	641	135	451	55	771	38.4
Hearing	184	7	191	45	74	31	28	15	72	38.74
Miscellaneous	222	13	235	60	125	57	58	10	50	53.19
TOTALS	10,697	297	10,994	2,049	5,380	2,227	2,704	449	3,565	48.93

TABLE V.

NOTICES SENT TO PARENTS AND HEAD TEACHERS REGARDING CHILDREN FOUND
TO BE DEFECTIVE AT THE SCHOOL MEDICAL EXAMINATION DURING THE YEAR 1917.

Nature of Notice.	Boys.	Girls.	Total.
Form 5 (M.I.)— (notice to parents <i>re</i> defects requiring medical advice)	890	1006	1896
Form 6 (M.I.)— (notice to parents with directions <i>re</i> cleaning of dirty heads)	7	724	731
Form 8 (M.I.)— (notice to parents—children excluded temporarily from school)	1707	2244	3951
Form 11 (M.I.)— (notice to parents <i>re</i> uncleanliness)	33	19	52
Form 11a (M.I.)— (notice to parents <i>re</i> verminous conditions, <i>e.g.</i> , head, body, or clothing)	25	15	40
Form 13 (M.I.)— (notice to head teachers <i>re</i> children who are suffering from heart affections, and should be excused from drill)	31	28	59
Form 14 (M.I.)— (notice to head teachers <i>re</i> children suffering from defective eye- sight, and the position in class of such children in order to avoid eyestrain)	393	545	938
Totals	3,086	4,581	7,667

SECONDARY NOTICES.—SENT TO PARENTS IN CASES WHERE NO MEDICAL ADVICE
HAD BEEN OBTAINED IN RESPONSE TO THE NOTICES MENTIONED ABOVE.

Nature of Notice.	Boys.	Girls.	Total.
Form 5a (M.I.)	603	623	1226
Form 6a (M.I.) . . . . .	..	282	282
Totals	603	905	1,508

Total number of notices issued (First and Secondary)—9,175.

REPORT ON EYE WORK FOR THE YEAR 1917.

By LILLIE JOHNSON, M.B., B.S., B.Sc.

During the year 1917 I have examined 693 children suffering from eyesight defects, of these 267 were boys and 426 were girls. Eighteen eye centres have been visited for the purpose of eye examinations, and usually two days per week have been spent on the work.

Glasses were prescribed in 610 cases, and during the year 498 pairs of spectacles have been paid for at the rate of 3/6 per pair, and 21 pairs have been provided free.

Of the children examined, 110 were cases of simple hypermetropia ; 315 of hypermetropic astigmatism ; 52 of simple myopia, 91 of myopic astigmatism ; 69 of mixed astigmatism ; and three children had hypermetropia in one eye, and myopia in the other. There were 53 cases examined who had no refractive error ; but some of those cases had abnormal vision, as a result of other defects. Squint was present in 112 of the refractive cases, and nystagmus in 15. Among the cases of myopia and myopic astigmatism there were 25 children who had a refractive error of more than seven dioptries, and in four of those children the error was of 15 dioptries or more. It is very desirable that children with such high degrees of short sight should be taught by special methods. At present it is only possible to recommend that they should not attempt any close work at school.

Eye defects met with, other than refractive, were 19 cases of blepharitis ; two of conjunctivitis ; three of corneal ulceration ; two of optic atrophy. Twenty-five children had corneal opacities as the result of previous inflammation.

L. JOHNSON.

16th March, 1917.

TABLE VI.
STATEMENT SHEWING NUMBER OF CHILDREN EXAMINED BY SCHOOL OPHTHALMIC SURGEON, NUMBER OF PRESCRIPTIONS ISSUED
AND NUMBER OF SPECTACLES SUPPLIED, ETC., DURING 1917.

No. of Cases offered the services of the School Ophthalmic Surgeon.	Number Examined.			Number of Prescriptions Issued.			Number of Spectacles supplied.						Number who preferred own Dr., or had obtained spectacles.	Number not examined for various reasons.		
	Boys.	Girls.	Total.	Boys.	Girls.	Total.	On Payment.			Free.						
							Boys.	Girls.	Total.	Boys.	Girls.	Total.				
336	536	872	267	426	693	232	378	610	163	277	440	4	10	14	70	109
Spectacles supplied during 1917 to children prescribed for in previous years																
*Spectacles supplied during 1917 to children prescribed for by private medical practitioners and infirmaries																
*Including one girl examined by Dr. W. H. Maling on behalf of the Education Committee.																
									189	309	498	6	15	21		

REPORT ON HEALTH VISITORS' WORK FOR THE YEAR 1917.

Staff.—Thirty-six health visitors were on duty at the end of 1917, and the three district nurses at Whickham.

Number of Visits.—During about three months of the year we were obliged, owing to pressure of work in other directions, to suspend school visiting work, except for the most urgent cases. Consequently there is a falling off in the number of visits to homes: 17,388, as compared with 21,432 in 1916; and 1,969 visits were paid to schools; the number in 1916 being 2,770. But this is to some extent counter-balanced by the head-to-head inspections carried out in the last quarter of the year, 69 departments being inspected, as compared with three in 1916.

Head-to-Head Inspections.—Head-to-head inspections were carried out in 69 departments of 34 schools, 8,689 children being examined. No prosecutions under section 12 of the Children Act were undertaken during the year. Some of the bad cases made great improvement directly they discovered that prosecution was imminent, and some others were already N.S.P.C.C. cases, and the Society undertook the proceedings, the health visitors giving evidence where necessary.

We have cases under observation where prosecution has been undertaken either by the N.S.P.C.C. or ourselves, and convictions have been obtained, but where the punishment awarded has had little or no effect in promoting permanent improvement in the children's condition. In such cases the parents are so mentally dull and generally incompetent, or so vicious, that it is an impossible task to transform them into decent law-abiding citizens by any of the means at our disposal. I am of opinion that the children of parents of the class referred to should be adopted by the State, and be given a chance of growing up in good surroundings, otherwise they will just be their parents over again, and in the next generation, in place of the one "derelict" family we shall have four or five such plague spots. I referred at some length to this matter in my report to the School Medical Officer for the year 1912.

School Clinics.—The establishment of clinics would put a stop to a large amount of unnecessary absenteeism. Thousands of attendances are lost owing to minor skin and eye ailments, the affected children, more especially if they are of an age to be useful about the house, being kept off school week after week, the condition forming the excuse receiving no treatment worthy of the name.

When parents see how the "scabs," "sore heads," and "sore eyes" clear up after three or four days' treatment at the clinic, they will begin to realise the flimsiness of such excuses for weeks of absenteeism.

H. S. COOPER HODGSON,

Superintendent of Health Visitors.

TABLE VII.

ANALYSIS OF CASES UNDER THE HOME SUPERVISION OF THE HEALTH
VISITORS DURING THE YEAR 1917.

CONDITIONS.	Total Conditions under Supervision.	Total No. of Visits <i>re</i> Conditions.	Total satisfactorily improved.
† Verminous Head	1,771	2,825	1,163
Verminous Body	230	336	131
Dirt	732	1,121	584
Clothing and Boots	647	1,058	498
Teeth.....	119	141	20
External Eye Disease	702	1,064	517
Otorrhœa	274	367	121
Nose and Throat	477	546	70
Impetigo	2,333	2,855	1,799
Scabies	2,052	2,855	1,059
Ringworm	451	571	258
Tuberculosis (Lungs)	764	2,416	*
Tuberculosis (other forms).....	465	1,435	*
Visits <i>re</i> Spectacles	665	779	**
Other Conditions	1,494	2,868	686
Totals	13,176	21,237	6,906

† Not including head-to-head inspections.

* Conditions *re* which it seemed undesirable for health visitors to express opinion as to whether satisfactorily improved.

** A large proportion of these visits paid to ascertain if parents were willing to have children examined by the School Ophthalmic Surgeon. Others paid to ascertain why spectacles were not purchased.

